

MDR Tracking Number: M5-04-1396-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 1-12-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, therapeutic procedures, range of motion measurements, kinetic activities, and work hardening/conditioning (initial and additional hours) were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 3/31/03 through 9/19/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 29th day of March 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division
RLC/rlc

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 19, 2004

Re: IRO Case # M5-04-1396

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured her wrists in ___ from repetitive typing. She presented to her chiropractor on 3/31/03 and chiropractic treatment was initiated. According to a 6/23/03 peer review 24 treatments were recommended through 5/16/03. No documentation was provided for this review of any treatment provided between 3/31/03 and 6/3/03, or between 6/10/03 and 8/4/03. A 2/24/04 letter from the carrier states that the patient had 49 sessions with her chiropractor from 3/17/03-7/28/03.

Requested Service(s)

ROM measurement, ther proc, kinetic activities, ovs, wk hardening (initial & additional hrs) 3/31/03-9/19/03

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

From the carrier's 2/24/04 letter it appears that the patient had an extensive trial of chiropractic treatment. However, other than work hardening program notes, documentation pertaining to the treatment of this patient was not provided.

Based on the documentation provided, the patient had an adequate trial of chiropractic treatment prior to the initiation of the work hardening program on 8/4/03. In the 7/10/03 FCE report, the patient performed above the sedentary level of her job demand, and the results of the FCE fail to support that the patient had any significant deficits. The patient, however, had a VAS of 8/10 at the time of the FCE. This is regarded as severe pain, yet he patient was put in a work hardening program. The documentation provided for this review fails to show the efficacy of a multidisciplinary work hardening program following failed conservative treatment over a period of some four months. It appears from the documentation provided that the work hardening program also failed to be beneficial to the patient. Her VAS as of 10/31/003 was still 8/10. The treatment for which records were provided was too intensive and inappropriate.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.